
Family Guide to Involuntary Treatment

County Designated Mental Health Professionals can be reached at (425) 388-7215 on a 24-hour, 7-day a week basis.

If a family member has been involuntarily detained, you may have some questions about Washington State's Involuntary Treatment Act (ITA). The information in this brochure is a simplified guide through the involuntary commitment process to help you understand the system, the patient's rights and your involvement.

Initial Evaluation: County Designated Mental Health Professionals (DCMHP's) are called upon to evaluate individuals with an alleged mental illness. The referral can be initiated by anyone who has first hand knowledge of the person and the presenting Problem. The CDMHP will evaluate an individual to determine if legal criteria for commitment as a result of a mental disorder are met. The CDMHP may also arrange for voluntary treatment if it seems more appropriate.

County Designated Mental Health Professional: A county designated mental health professional is a person who has an advanced degree in a mental health related field, experience working in the field and who has been designated by the county as having the authority to authorize 72-hour detentions.

Legal Definition of "Mental Disorder": Any organic, mental, or emotional impairment that has substantial adverse effects upon an individual's cognitive (thought) or volitional (action) behavior.

Criteria for Commitment: The person must have a mental disorder as defined above and, as a result of the mental disorder...

...presents a danger to self, others or property
and/or

...is unable to provide for basic needs of safety or health (gravely disabled).

Initial Detention: Individuals assessed as meeting the criteria for commitment can be detained at a psychiatric evaluation and treatment facility, up to 72 hours (excluding weekends and holidays). Detentions usually take place at Snohomish county Evaluation and Treatment Facility in Mukilteo or at Stevens Hospital in Edmonds. In the case of detention of a minor (under 18 years of age), the CDMHP is to notify parents as soon as possible.

Individual Rights: The ITA provides strong guarantees of individual rights. A person is not presumed incompetent as a result of being involuntarily hospitalized. Strict confidentiality is maintained in all proceedings.

Evaluation: A psychiatrist will evaluate the patient within 24 hours of the detention. Within 72 hours the court evaluators in preparation for the court hearing will complete additional evaluations.

Court Evaluator: Court evaluators, usually a psychologist, and a County Designated Mental Health Professional will make independent assessments to determine if the patient meets the criteria for commitment as the result of a mental disorder. (See Criteria)

Legal Counsel: Each patient has the right to legal counsel and is assigned a public defender who will meet with him/her prior to court and represent his/her wishes at the hearing. The public defender has the right to cross-examine all witnesses.

Court Appearance: If it is felt that involuntary criteria are met and the patient needs further inpatient care, beyond the 72-hour period, and she/he is still unwilling to accept treatment voluntarily, the facility will file another petition and a Probable Cause Hearing will be scheduled. The purpose of the Probable Cause Hearing is to allow the Judge to determine whether there is adequate information of both a mental disorder and of dangerousness to self or others or property and/or grave disability to allow for an order for up to 14 days of additional involuntary commitment. Family members may be contacted to provide testimony at the Probable Cause Hearing. Probable Cause Hearings occur at both Stevens Hospital, 9 West (Mental Health Unit) or at the Snohomish County Evaluation and Treatment Facility in Mukilteo.

Four Possible Outcomes of a Probable Cause Hearing:

- The petition can be dropped for lack of evidence and the patient released.
- The judge can dismiss the case and release the patient.
- The patient is judged committable and can be held for short-term commitment (14 days) at a psychiatric treatment facility.
- The judge can accept the patient's agreement to enter treatment voluntarily.

Additional Commitment: If it is determined the patient is in need of further treatment beyond the 14-day period; a 90-day petition will be filed with the court. The patient will receive a copy of any 90-day petition filed and the scheduled hearing date. At this hearing the patient can be ordered by the court for further inpatient (restrictive) or outpatient (less-restrictive) treatment.

Less Restrictive Treatment: Less restrictive measures mean that the person must enter outpatient treatment as the court order dictates. Most often the order will specify that the person must participate in recommended treatment and take prescribed medication. The court may also state where she/he has to live – for instance, at home or in a residential facility. If the person on a less restrictive court order does not follow through, she/he may be revoked and returned to the hospital pending a revocation hearing.

Long-Term Commitment: If the patient is committed to 90 days of inpatient treatment, she/he is transferred to Western State Hospital, or if the individual is a juvenile, to Fairfax Hospital.

Elopement: Involuntary patients do not have the ability to be discharged against medical advice. If they elope from the hospital, a missing person's report is filed with the police and the patient is subject to apprehension by police.

Confidentiality Issues: The law allows for release of information concerning involuntary patients between qualified professionals.

Financial Responsibility: The patient and her/his parent/legal guardian are responsible for the cost of hospitalization. In the event that the patient is unable to pay for such treatment or in the event payment would result in a substantial hardship upon the patient or his family, then the County of residence of such patient shall be responsible for such costs.

Additional Questions: Additional questions can be directed to the Social Worker at the facility where the patient is being held or to a CDMHP at the county office, (425) 388-7215.